DCHS
MHCADSD - Summary Dashboard Report

Data Through September 2010

Other Important Metrics

CD youth treatment admissions: 12mo avg: 98.3 (12mo avg Dec04: 89; Dec06: 63; Dec07: 81; Dec08: 82.5; Dec09: 99.6)

Boarding: Jan-Sep10: 503 (mo.avg: 55.9); Jan-Dec09: 425 (mo. avg: 35.4); Jan-Dec08: 801 (mo. avg: 66.8); Jan-Dec07: 399 (mo. avg: 33.3)

PACT: engaged - 3; enrolled - 172 (on 9/30/10) Team capacity: 180

FACT: enrolled: 47; Capacity 50

FISH: enrolled: 58; Capacity 60

Other Notable Items

Time Frame 3Q10 through 4Q10

MHCADSD was awarded four federal grant awards from SAMHSA, totaling $6.75 million over the next three to five years. The grants support transformation of the mental health system to a trauma-informed system of care, development of a recovery-oriented system of care for pregnant and parenting women in need of CD treatment, infusion of evidence-based treatment practices for all youth involved with juvenile drug court, and roll-out of evidence-based practice models throughout the youth CD treatment provider network.

MHCADSD honored a number of community providers at our annual Exemplary Service Awards.

Lease-up for new permanent supported housing programs that came on-line this quarter used a new process that DCHS, along with other other funders, are now requiring that prioritizes individuals who are either the highest utilizers of costly services or who are assessed as being the most vulnerable.

The MHCADS Legislative forum will be December 15th at St. Mark's.

Key

Boarding: Holding individuals in non-E&T beds
CD: Chemical Dependency
COD: Co-occuring Disorders
FACT: Forensic Assertive Community Treatment
FISH: Forensic Intensive Supportive Housing
MH: Mental Health
MIDD: Mental Illness and Drug Dependency Action Plan
PACT: Program for Assertive Community Treatment
PALS: Program for Adaptive Living Skills
RFP: Request for Proposals
WSH: Western State Hospital

2010 Business Plan Performance Measures

Measure	Status	Hist Avg	2009 Target	3Q09 YTD	2010 Target	3Q10 YTD	Bench mark
Percent of MH clients maintaining level of functioning	▲	54.1%	55.0%	59.2%	55.0%	61.4%	
Percent of MH clients improving level of functioning	▼	28.0%	30.0%	25.5%	30.0%	25.1%	
Percent of Adult CD clients who complete treatment	▲	43.8%	48.0%	57.6%	55.0%	63.0%	54.4%
Percent of Youth CD clients who complete treatment	▲	52.9%	60.0%	69.0%	63.0%	71.4%	57.4%
Percent of MH clients obtaining employment	◆	3.2%	5.0%	2.9%	4.0%	3.4%	
Percent of CD clients obtaining employment	▼	7.8%	8.5%	3.6%	5.0%	3.9%	
Percent of MH clients who remain in community-based treatment with stable housing	▲	66.5%	71.0%	87.9%	72.0%	88.1%	
Percent of homeless MH clients who attain housing	◆	28.0%	30.0%	29.9%	32.0%	29.3%	
Percent Adult MH clients with fewer incarcerations	▲	68.5%	70.0%	73.7%	70.0%	72.1%	
Percent Adult COD clients with fewer incarcerations	*	58.3%	60.0%	78.0%	60.0%	100.0%	
Percent Juvenile MH clients with fewer incarcerations	▼	NA	70.0%	64.8%	70.0%	55.6%	
Percent of MH receiving service w/in 7 days of release from jail	▲	60.5%	66.0%	71.4%	66.0%	76.1%	
Percent of COD receiving service w/in 7 days of release from jail	▲	70.4%	73.0%	75.5%	73.0%	81.4%	

Update on the division's 2010 Equity & Social Justice Initiative work
Differences in CD outpatient treatment retention and treatment completion rates were analyzed for individuals treated at racial/ethnic specialty providers vs. non-specialty treatment providers. The analyses looked at outcome differentials for Asians/Pacific Islanders, Hispanics, American Indians, and Blacks. Results have been written up for the department Equity and Social Justice Initiatives report.

Division Director's Message

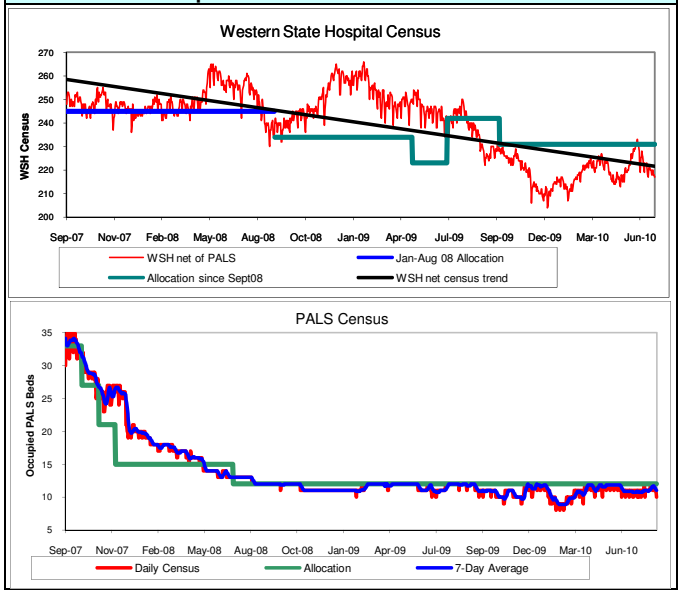
We continue to surpass both previous performance and current targets for maintenance of functioning for clients enrolled in MH services, treatment completion for both adults and children receiving CD services, reducing incarcercerations for adults receiving MH or COD services, and in assuring those leaving jail receive MH or COD services within a week of release. In both 2009 and 2010, the measure for the percent of clients receiving MH services improving level of functioning has been below the historical average and our target. This is a reflection of the signicant numbers of higher need people we are now serving as a result of the infusion of MIDD dollars into our mental health system. Our criteria for individuals to receive MIDD-funded MH services are those who meet higher levels of illness severity and medical need and therefore are likely to have a longer, more difficult road to stabilization and improvement. Despite the bad economy, we are beginning to make headway on MH clients obtaining employment. While still below target, we have surpassed both last year's performance and the historical average. The hard work that has been put into improving this measure is trending in the right direction. The negative indicator for juvenile MH clients with fewer incarcerations is a direct result of cuts in state funded programs at Superior and Juvenile Court. These cuts have eliminated many of the evidence-based treatment slots reserved for youth diversion from jail. Without a diversion resource, there is no option for many of these youth, other than jail.

Improving/Target Achievable = ▲ Unfavorable trend/Target not attainable = ▼

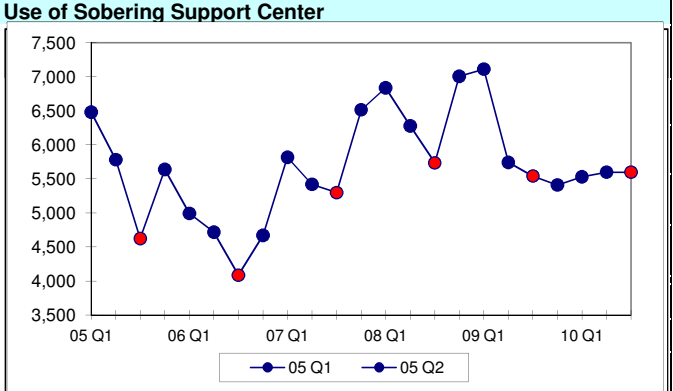
Watch/Target at risk = ◆

** Measures with no indicator have numbers too small to evaluate*

Western State Hospital / PALS Census



Use of Sobering Support Center



(Use of the Sobering Support Center has historically been lower during the warmer months. Those quarters have red markers.)

This graph shows the use of the Dutch Shisler Sobering Support Center and the impact of the 1811 Eastlake project starting in early 2006. This Housing First program diverted a number of the highest users of the Sobering Support Center into a housing program with other supportive services. MIDD-funded Housing First and other supported housing programs, MIDD-funded expansion of treatment access, and improved service coordination led to another decline in admissions in 2009, with a very small increase in the first quarter of 2010. Since the first quarter of 2009, the number of unduplicated people admitted has been fairly constant. Some of this may be due to success of MIDD funded programs intended to reduce Sobering Center use.